

Form 1040 (2004)

MARCUS I ROBERTS

221-66-3116

Page 2

Tax and Credits**Standard Deduction for -**

- People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instr.

- All others:

Single, or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	11,606.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850.
40	Subtract line 39 from line 37	40	6,756.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see instructions.	41	3,100.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	3,656.
43	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	368.
44	Alternative minimum tax (see instructions). Attach Form 6251	44	
45	Add lines 43 and 44	45	368.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	368.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 58 through 61. This is your total tax	62	368.

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	568.
64	2004 estimated tax pymts and amt applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	NO
b	Nontaxable combat pay election <input type="checkbox"/> 65b		
66	Excess social security and tier 1 RRTA tax withheld (see instr)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see instr)	68	
69	Other pymts. from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	568.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	200.
72a	Amount of line 71 you want refunded to you	72a	200.
b	Routing number 031207801	c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	
d	Account number 0760168039		
73	Amount of line 71 you want applied to your 2005 est. tax	73	

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	
75	Estimated tax penalty (see instructions)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No	
Designee's name	Phone no.
Personal identification number (PIN)	

Sign Here

Joint return? See instr. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
Marcus Roberts	2/19/05	WAREHOUSE DISTRIBUTOR	302-324-2952
Spouse's signature, if a joint return, both must sign	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		S21110026
		Phone no.	

US 1040**Main Information Sheet****2004**

PRINTED 02/19/2005

MARCUS I ROBERTS

2621 N TATNALL STREET
Wilmington DE 19802-

Email Address

Taxpayer Occupation WAREHOUSE DISTRIBUTOR

Spouse Occupation

Taxpayer

Spouse

SSN 221-66-3116Birth 07/25/1982

Death

Taxpayer Day Phone 302-324-2952Evening 302-762-4356

Cell or Fax

Dependent children

who lived with you:

did not live with you due

to divorce or separation:

Other dependents:

Total exemptions: 1

Preparer ID: Preparation Fee

Date:

Preparer: S21110026

Preparer's Use:

1

2

3

4

5

6

Time in

return

30 min.

Recap of 2004 Income Tax Return

Earned Income 11,606.
 Federal AGI 11,606.
 Taxable Income 3,656.
 EIC

	Federal	State DE
Computed Tax	<u>368.</u>	<u>88.</u>
Withholding	<u>568.</u>	<u>80.</u>
Refund/(Due)	<u>200.</u>	<u>(8.)</u>

Tax
 Withholding
 Refund/Due
 Federal Tax Bracket 10.0 %

	Instant RAL	Maximum RAL	Partial RAL	2 week check	DDR
Qualifying refund....					
Fees					
Net refund					
Fast check				2 week check	Direct deposit
Overage check					
Instant check					
Check one					

221-66-3116

W-2 DETAIL REPORT - 2004

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
YANNETT CO INC	16-0442930	X	11606	568	720	168	DE	11606	80	WILMINGTO	145
			11606	568	720	168		11606	80		145

2004

R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning

and ending

Your Social Security No.

Spouse's Social Security No.

221-66-3116

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name

First Name and Middle Initial

Jr., Sr., III, etc.

ROBERTS

MARCUS I

Spouse's Last Name

Spouse's First Name

Jr., Sr., III, etc.

Present Home Address (Number and Street)

Apt. #

2621 N TATNALL STREET

City

State

Zip Code

Wilmington

DE 19802-

FILING STATUS (MUST CHECK ONE)

1. ☒ Single, Divorced
Widow(er) 3. ☐ Married and Filing
Separate Forms 5. ☐ Head of
Household
2. ☐ Joint 4. ☐ Married & Filing Combined
Separate on this form

Form DE2210

Attached ☐If you were a part-year resident in 2004, give the dates you
resided in Delaware.From 2004 To 2004
Month Day Month Day

Column A is for Spouse information, filing status 4 only. All other filing statuses use Col. B.

Column A

Column B

1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from page 2, Line 39	1	00	11,606	00
2 a. If you elect the DELAWARE STANDARD DEDUCTION check here <input checked="" type="checkbox"/> Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status 2 Enter \$6500 in Column B b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here <input type="checkbox"/> Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from pg. 2, Line 45 in Column B Filing status 4 enter Itemized Deductions from page 2, Line 45 in Columns A and B	2	00	3,250	00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deds. - see instr.) CHECK BOX(ES) Column A - if SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Column B - if YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/> Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B	3	00		00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here	4	00	3,250	00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount	5	00	8,356	00
6. Tax Liability from Tax Rate Table/Schedule	6	00	198	00
7. Tax on Lump Sum Distrib. (Form 329)	7	00		00
8. TOTAL TAX - Add Lines 6 and 7 and enter here	8	00	198	00
PERSONAL CREDITS (See instr.). If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.				
9a. Enter number of exemptions claimed on Fed. return 1 X \$110	9a	00	110	00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input checked="" type="checkbox"/>				
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/> Enter number of boxes checked on Line 9b. X \$110	9b	00		00
10. Tax imposed by State of (Must attach a signed copy of return)	10	00		00
11. Volunteer Firefighter Company # /Other Non-Refundable Credits (See Instructions)	11	00		00
12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit)	12	00		00
13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 and 12 and enter here	13	00	110	00
14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter 0 (Zero)	14	00	88	00
15. Delaware Tax withheld (W2's/1099 Required)	15	00	80	00
16. 2004 Estimated Tax Paid and Payments with Extensions	16	00		00
17. S Corporation Payments Form 1100S/A-1 Required	17	00		00
18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here	18	00	80	00
19. BALANCE DUE. If Line 14 is greater than Line 18, subtract 18 from 14 and enter here	19	00	8	00
20. OVERPAYMENT. If Line 18 is greater than Line 14, subtract 14 from 18 and enter here	20	00		00
21. CONTRIBUTIONS TO SPECIAL FUNDS				
A. Non-Game Wildlife	00			
B. U.S. Olympics	00			
C. Emergency Housing	00			
D. Children's Trust	00			
E. Breast Cancer Education	00			
F. Organ Donations	00			
G. Diabetes Educ.	00			
H. Veteran's Home	00			
I. DE National Guard	00			
TOTAL	21			00
22. AMOUNT OF LINE 20 TO BE APPLIED TO 2005 ESTIMATED TAX ACCOUNT	22			00
23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions	23			00
24. NET BALANCE DUE (For Filing Status 4, see instructions)	24		8	00
For all other filing statuses, enter Line 19 plus Lines 21 and 23				
25. NET REFUND (For Filing Status 4, see instructions)	25			00
For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20				

MARCUS I ROBERTS

221-66-3116

2004 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet in the instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

	Filing Status 4 ONLY Spouse Information COLUMN A	All other filing statuses You or You plus Spouse COLUMN B
26. Enter Federal AGI amount from Federal 1040, Line 38; 1040A, Line 21; or 1040EZ, Line 4, or telefile, Line 1 . . .	26	00 11,606 00
27. Interest on State and Local obligations other than Delaware	27	00 00
28. Fiduciary adjustment, oil depletion	28	00 00
29. TOTAL - Add Lines 27 and 28	29	00 00
30. Subtotal. Add Lines 26 and 29	30	00 11,606 00

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations	31	00 00
32. Pension/Retirement Exclusions (See instructions)	32	00 00
33. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward	33	00 00
34. Taxable Soc. Sec./RR Retirement Benefits/Higher Educ. Excl./Certain Lump Sum Dist. (See instructions)	34	00 00
35. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here	35	00 00
36. Subtotal. Subtract Line 35 from Line 30	36	00 11,606 00
37. Exclusion for certain persons 60 and over or disabled (See instructions)	37	00 00
38. Total - Add Lines 35 and 37	38	00 00
39. DE ADJUSTED GROSS INCOME. Subtract Line 38 fr Line 30. Enter here & on Pg. 1, Line 1	39	00 11,606 00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

40. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 28	40	00 00
41. Enter Foreign Taxes Paid (See instructions)	41	00 00
42. Enter Charitable Mileage Deduction (See instructions)	42	00 00
43. SUBTOTAL. Add Lines 40, 41, and 42 and enter here	43	00 00
44a. Enter State Income Tax included in Line 40 above (See instructions)	44a	00 00
44b. Enter Form 700 Tax Credit Adjustment (See instructions)	44b	00 00
45. TOTAL. Subtract Line 44a and 44b from Line 43. Enter here and on Pg. 1, Line 2 (See instr.)	45	00 00

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

a. Routing Number b. Type: ☐ Checking ☐ Savings

c. Account Number

DATE OF DEATH	
SPOUSE	TAXPAYER
Month Day Year	Month Day Year

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature <i>Marcus Roberts</i> Date <i>2/19/05</i>	Signature of Paid Preparer _____ Date _____
Spouse's Signature (If filing joint or combined return) _____ Date _____	Address - Zip Code _____
Home Phone <i>302-762-4356</i> Business Phone <i>302-324-2952</i>	Business Phone _____ EIN, SSN, or PTIN <i>S21110026</i>
E-Mail Address _____	E-Mail Address _____

NET BALANCE DUE (LINE 24):

NET REFUND (LINE 25):

ZERO (LINE 25):

DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

DELAWARE DIVISION OF REVENUE
P.O. BOX 8765
WILMINGTON, DE 19899-8765

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

(Rev 8/16/04)

IRS DECLARATION CONTROL NUMBER (DCN)

00 - 5 1 0 6 4 4 7 4 5 0 0 - 5

DE-8453

DELAWARE INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

2004

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2004

USE DELAWARE LABEL (OTHERWISE PRINT)

DO NOT MAIL

YOUR SOCIAL SECURITY NUMBER 221-66-3116	SPOUSE'S SOCIAL SECURITY NO.
FIRST NAME(S) AND INITIAL(S) MARCUS I	LAST NAME ROBERTS

HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE)

2621 N TATNALL STREET

CITY, TOWN OR POST OFFICE, STATE & ZIP CODE

Wilmington DE 19802-

DAYTIME TELEPHONE NUMBER 302-762-4356

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. TOTAL DELAWARE ADJ. GROSS INCOME (FORM 200-01, LINE 1; FORM 200-02, LINE 37; FORM 200-03 EZ, LINE 3) ...	1.	11,606.
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8; FORM 200-02, LINE 42; FORM 200-03 EZ, LINE 8)	2.	198.
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 15; FORM 200-02, LINE 48; FORM 200-03 EZ, LINE 13)	3.	80.
4. NET REFUND (FORM 200-01, LINE 25; FORM 200-02, LINE 58; FORM 200-03 EZ, LINE 22)	4.	
5. NET BALANCE DUE (FORM 200-01, LINE 24; FORM 200-02, LINE 57; FORM 200-03 EZ, LINE 21)	5.	8.

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Routing number

7. Account number

8. Type of Account

☐

Checking

☐

Savings

PART 3 DECLARATION OF TAXPAYER

☐ I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ I do not want direct deposit of my refund or am not receiving a refund.

☐ I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct payment) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2004 Delaware income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the Reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN
HERE

Marcus Roberts 2/19/05

SIGNATURE

DATE

N/A

SPOUSE'S SIGNATURE

DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDOR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDOR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN PUBLICATION DE-1345, HANDBOOK FOR ELECTRONIC FILERS OF INDIVIDUAL INCOME TAX RETURNS (TAX YEAR 2004) AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN

02/19/2005

S21110026

HERE

ERO'S SIGNATURE

DATE

EIN, SSN, OR PTIN.

NEHEMIAH GATEWAY CDC

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF ALSO PREPARER

CHECK IF SELF-EMPLOYED

201 WEST 23RD STREET WILMINGTON DE 19802-

302-655-0803

ADDRESS (STREET, CITY, STATE AND ZIP CODE)

BUSINESS PHONE #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN

S21110026

HERE

PREPARER'S SIGNATURE

DATE

EIN, SSN, OR PTIN

PAID

FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)

CHECK IF SELF-EMPLOYED

PRE-

PARER

ADDRESS (STREET, CITY, STATE & ZIP CODE)